

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## DEPARTMENT OF PUBLIC HEALTH AND WELFARE

163-041224

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10858

STATE FILE NUMBER

FILED NOV 7 1963

### 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

Inside Limits

Yes ☐ No ☐

428a So. Jefferson

### 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY

OR TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

2836a Ohio

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

### 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Jerome

J.

Boyer

4. DATE OF DEATH

Month

Day

Year

Oct.

31

1963

### 5. SEX

Male

### 6. COLOR OR RACE

White

### 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

### 8. DATE OF BIRTH

3/1/07

### 9. AGE (last birthday)

56

### IF UNDER 1 YEAR

Months

Days

### IF UNDER 24 HR

Hours

Min.

### 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Maintenance Work

### 10b. KIND OF BUSINESS OR INDUSTRY

General Motors

### 11. BIRTHPLACE (City and state or country)

Old Mines Mo.

### 12. CITIZEN OF WHAT COUNTRY

U.S.A.

### 13a. FATHER'S NAME

Sherman Boyer

### 13b. MOTHER'S MAIDEN NAME

Theresa ?

### 14. NAME OF HUSBAND OR WIFE

Elizabeth (Deceased)

### 15. WAS DECEASED EVER IN U.S. ARMED FORCES

(Yes, no, or unknown) (If yes, give war or dates of)

No

NO.

### 17. INFORMANT

Address

2 Geraldine Hanks 2836 Ohio Ave.

### 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Cardiac Dilatation

### INTERVAL BETWEEN ONSET AND DEATH

1 day

DUE TO (b)

Carcinoma Back Lungs

4 mos.

DUE TO (c)

Carcinoma Liver

6 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Myocardial Infarction

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

### 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

### 20a. ACCIDENT

☐

### SUICIDE

☐

### HOMICIDE

☐

### 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

1561

### 20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

### 20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

### 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

### 20f. CITY, TOWN, OR LOCATION

### COUNTY

### STATE

21. I attended the deceased from June 10-1961 to Oct. 31-63 and last saw her alive on Oct. 28-63

Death occurred at 12:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

### 22. SIGNATURE

(Degree or title)

### 22b. ADDRESS

2767 S. 10th

### 22c. DATE, SIGNED

11-1-63

### 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

### 23b. DATE

11/4/63

### 23c. NAME OF CEMETERY OR CREMATORY

Resurrection Cem.

### 23d. LOCATION (City, town, or county)

County

### (State)

Mo.

### 24. FUNERAL DIRECTOR

ADDRESS

Moydell Funeral Home 1926 Allen

### 25. DATE RECD. BY LOCAL REG.

NOV 2 1963

### 26. REGISTRAR'S SIGNATURE

Heard Smith M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 9950

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.